

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/701254

FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
6						
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11						
12						
13	1					
14		1				
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42						
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44						
45	1					
46		1				
47						
48		1				
49						
50						
TOTAL IND.			↓			↓
TOTAL DEP.	↔		↔			↔
TOTAL CLAIMS	12		80			92

*	*	*
IND.	DEP.	IND.
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100		
TOTAL IND.	12	↓
TOTAL DEP.	80	↔
TOTAL CLAIMS	92	↔

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831